Application No. (if known): 09/981,684

Attorney Docket No.: 04079/100H629-US2

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Amendment in Response to Non-Final Office Action (12 pages) Tab 1 Replacement Drawings Figs. 1-21 (21 sheets) Tab 2 cited reference Amendment Transmittal (1 page) Petition for 1 month Extension of Time (1pg)

Supplemental Information Disclosure Statement (2pgs)

PTO SB/08 (1 pg) - 4 cited references

Fee Transmittal (1pg) Check No. 6728 in the amount of \$235.00

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FFF TO A NOMITTAL		Complete if Known				
fee TRANSMITTAL for FY 2005		Application Number 09/981,684				
		Filing Date			October 17, 2001	
		First I	Named	Inver	ntor Maria-Grazia Ascenzi	
Effective 10/01/2004. Patent fees are subject to annual revision.		Exam	iner Na	me	K. Thangavelu	
X Applicant claims small entity status. See 37 CFR 1.27		Art Ur	nit		2123	
TOTAL AMOUNT OF PAYMENT (\$) 235.00		Attorn	ey Doo	ket No	o. 04079/100H629-US2	
METHOD OF PAYMENT (check all that apply)				FEE	CALCULATION (continued)	
Credit Money						
X Check Card Order Other None 3. ADDITIONAL FEES Deposit Account:						
Deposit 0.4.04.00	Large Fee	Entity Fee	Small Fee	Entity Fee	-	
Account 04-0100 Number	Code	(\$)	Code	(\$)	Fee Description Fee Paid	
Deposit Account Darby & Darby P.C.	1051	130	2051	65	Surcharge – late filing fee or oath	
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.	
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification	
Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2.520	For filing a request for ex parte reexamination	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*	1805	1,840*	Paguating publication of CIP offer	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month 55.00	
1. BASIC FILING FEE	1252	430	2252	215	Extension for reply within second month	
Large Entity Small Entity	1253	980	2253	490	Extension for reply within third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,530	2254	765	Extension for reply within fourth month	
1001 790 2001 395 Utility filing fee	1255	2,080	2255	1,040	Extension for reply within fifth month	
1002 350 2002 175 Design filing fee	1401	340	2401	170	Notice of Appeal	
1003 550 2003 275 Plant filing fee	1402	340	2402	170	Filing a brief in support of an appeal	
1004 790 2004 395 Reissue filing fee	1403	300	2403	150	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451		Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55 605	Petition to revive – unavoidable	
	1453 1501	1,370 1,370	2453 2501	685 685	Petition to revive - unintentional Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from	1502	490	2502		· · · · · —	
Claims below Fee Paid Total Claims -**= x ==	1502	660	2502		Design issue fee Plant issue fee	
Independent Company Co	1460	130	1460	130	Petitions to the Commissioner	
Claims	1807	50	1807			
Multiple Dependent				50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee	1806	180	1806		Submission of Information Disclosure Stmt 180.00 Recording each patent assignment per	
Code (\$) Code (\$)	8021	40	8021	40	property (times number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 88 2201 44 Independent claims in excess of 3	1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1201 66 2201 44 Independent claims in excess of 3	1810	790	2810	395	For each additional invention to be examined (37CFR 1.129(b))	
1204 88 2204 44 ** Reissue independent claims	1801	790	2801	395		
over original patent	1802	900	1802	900	Request for expedited examination	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)					
SUBTOTAL (2) (\$) 0.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 235.00 **or number previously paid, if greater; For Reissues, see above						
SUBMITTED BY (Complete (if applicable))						
Name (Print/Type) Robert Schaffer		ration No		194	Telephone (212) 527-7700	
	(Attorne	ey/Agent,	131	, 104		
Signature / olivi Iff					Date November 15, 2004	